



Atty. Dkt. No. 047542-0197

27W #18
1637

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hubbard et al.
Title: TISSUE AUGMENTATION
MATERIAL AND METHOD
Appl. No.: 09/626,326
Filing Date: 07/26/2000
Examiner: T. Strzelecka
Art Unit: 1637

<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>JORIE JOHNSON</u> (Printed Name)</p> <p><u>Jorie Johnson</u> (Signature)</p> <p><u>OCTOBER 14, 2004</u> (Date of Deposit)</p>

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 17, 2004, and in the Advisory Action dated October 8, 2004, finally rejecting Claims 1-3, 7, 19-23, 27, 32-35, 39-41 and 57-64.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

10/19/2004 JADD01 00000055 09626326

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340.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$340.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$340.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$340.00

☐ Please charge Deposit Account No. 06-1450 in the amount of \$340.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$340.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

Oct. 14, 2004

By

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